

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90141 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 765165

1. Corporation Name

HERNANDO BEACH, POST NO. 9236, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

3435 SHOAL LINE BLVD.
 SPRINGHILL FL 34607-0440

Mailing Address

3435 SHOAL LINE BLVD.
 SPRINGHILL FL 34607-0440



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/22/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2224347	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MCDADE, ROBERT A
 13815 COCO AVE
 HUDSON FL 34667

DELETE

10. Name and Address of New Registered Agent

81 Name **IRVIN W. MAGLIDT** *PRESIDENT (COMMANDER)*
 82 Street Address (P.O. Box Number is Not Acceptable)
 4491 Flounder
 83 Spring Hill 34607
 84 City **Spring Hill** **FL** 85 Zip Code **34607**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Irvin W. Maglidt Commander**

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOULA, GEORGE M/	1.2 NAME	
STREET ADDRESS	18125 SHADY HILLS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34610	1.4 CITY-ST-ZIP	
TITLE	A <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUGHLIN, THOMAS	2.2 NAME	Robert Dokoupil
STREET ADDRESS	8183 OMAHA CIRCLE	2.3 STREET ADDRESS	8389 Colma Street
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	Spring Hill FL 34606
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABDO, PETER	3.2 NAME	Victor P. Mueller
STREET ADDRESS	7432 ALLEN RD	3.3 STREET ADDRESS	3315 Deltona Blvd.
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	Spring Hill FL 34606
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOKOUPIL, ROBERT	4.2 NAME	Block William R
STREET ADDRESS	8389 COLMA STREET	4.3 STREET ADDRESS	11320 Riddle DR.
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	Spring Hill FL 34609
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGLIDT, IRVIN	5.2 NAME	Joseph M. Alaïmo
STREET ADDRESS	4491 FLOUNDER	5.3 STREET ADDRESS	214 Callaway
CITY-ST-ZIP	SPRING HILL FL 34607	5.4 CITY-ST-ZIP	Spring Hill, FL 34606
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, GEORGE	6.2 NAME	
STREET ADDRESS	6295 SEBRING STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34607	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Irvin W. Maglidt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 3, 1999 (352) 596-9236

Date

Daytime Phone #

CR2E037 (1/98)